" U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 3 Name and address of person filing A Name, file number and address of labor organization Name John R Shields, Jr A Name, file number and address of labor organization Name Sheet Metal Morkers Intl Assn Local #100 Labor Organization File Number S15-603 P O Box, Bidg, Room No, if any Street 4725 Silver Hill Road City Suitland State Maryland ZiP Code + 4 27046 State Maryland ZiP Code + 4 27046 State Maryland ZiP Code + 4 20746 State Maryland ZiP Code + 4 20746 Fostion in labor organization Executive Board Member Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of mone amplicative whose employees your organization represents or is advise, seeking to represent 5 Name and address of Engloyer (including trade name, if any) 7 a Nature of interest Transaction, or income Trade Name, if any Trade Name, if any 15 Signature and verification. The undersigned declares, under penalty of Penyry and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documenta), has been eximined by the signatory and is to the best of the undersigned knowledge and belief, true, correct, and complete (See the section on penalties the instructions) City Signed A Signature Teleshore Number | 1 File Number U - [9845] | 2 Fiscal Year Covered From |
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| Name John R Sheelds, Jr Name Sheet Metal Workers Intl Assn Local #100 Labor Organization File Number 515-603 P O Box, Bidg, Room No, if any Street 4725 Silver Hill Road City Suitland State Waryland Street 4725 Silver Hill Road City Suitland State Waryland Street 4725 Silver Hill Road City Suitland State Waryland Street Waryland To Amount Street Waryland To Amount Street Street Street City State Street Street City State Street City Street City State Street City Stree | | 1 / 1 / 2004 Through 12 / 31 / 2004 |
| Labor Organization File Number 515-603 P O Box, Bidg, Room No. if any Street 4725 Silver Hill Road City Suitland State Maryland State Mary | 3 Name and address of person filing | 4 Name, file number and address of labor organization |
| P O Box, Bidg, Room No, if any Street 4725 Silver Hill Road City Suitland State Maryland S | Name John R Shields, Jr | Name Sheet Metal Workers Intl Assn Local #100 |
| Street 4725 Silver Hill Road City Suitland State Maryland St | | Labor Organization File Number 515-603 |
| City Suitland State Maryland ZIP Code + 4 27046 State Maryland ZIP Code + 4 20746 5 Position in labor organization Executive Board Member Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Helid an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent 5 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bidg , Room No , if any Signature 15 Signature and verification The undersigned declares, under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions) Signed On 8/14/2004 301-899-8134 | P O Box, Bidg , Room No , if any | P O Box, Building and Room Number, if any |
| State Maryland | Street 4725 Silver Hill Road | Street 4725 Silver Hill Road |
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| | Signed Signed . | On 8/14/2004 301-899-8134 |
| | - Congression | Date Telephone Number |

Form LM-30 (2003)

| Name of Person Filing John Shields, Jr | File Number U- | |
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| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | |
| 8 Name and address of Business (including trade name, if any) Name Amalgamated Bank Trade Name, if any P O Box, Bidg, Room No, if any Street 15 Union Square City New York State New York ZIP Code 4 10003-3378 | 9 Business deals with a Labor Organization b Trust c Employer | |
| 10 If 9 b or 9 c is checked give trust or employer's name | 11 a Nature of such dealing | |
| Name Trade Name, if any P O Box Bldg Room No , if any Street City State ZIP Codi+ 4 | Banking Services 11 b Approximate dollar value of such dealing \$36,000 12 a Nature of interest held or income received Dinner 10/6/04 | |
| | 12 b Amount \$52 | |
| C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant | | |
| (including trade name, if any) Name | | |
| Trade Name, if any P O Box, Bidg , Room No , if any Street City State ZIP Code + 4 | | |
| 13 h is the Business an Employer or Consultant 2 | 14 b Amount of payment | |